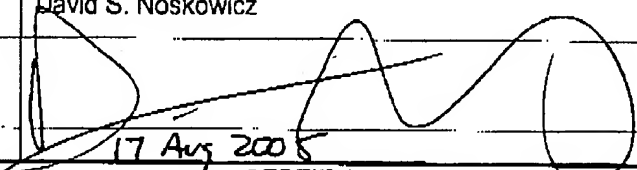
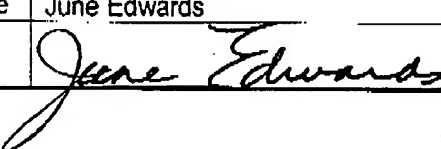


AUG 17 2005

FEE TRANSMITTAL					Complete if Known	
Patent fees are subject to annual revision					Application Number	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Filing Date	
TOTAL AMOUNT OF PAYMENT (\$)					First Named Inventor	
					Examiner Name	
					Group Art Unit	
METHOD OF PAYMENT (check all that apply)					Attorney Docket No.	
FEE CALCULATION (continued)						
4. ADDITIONAL FEES						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
2. EXTRA CLAIM FEES						
3. APPLICATION SIZE FEE						
5. OTHER FEE(S) (specify)						
SUBMITTED BY						
Name (Print/Type)						
Signature						
Registration No.						
Date						

AUG 17 2005

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/083,893	
	Filing Date	02/27/2002	
	First Named Inventor	KOTZIN, et al.	
	Group Art Unit	2172	
	Examiner Name	KINDRED, Alford W.	
Total Number of Pages in this Submission	13	Attorney Docket Number	CS20177RL
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies	
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	David S. Noskowicz	Registration No.	55,503
Signature			
Date	17 Aug 2005		
CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number 703-273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	June Edwards		
Signature			Date 08/17/05